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| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pal | Identify Yourself | | | | | |
|-----|---|--|---|---|--|--|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 1. | Your full name | | | | | |
| | Write the name that is on | Witold | | | | |
| | your government-issued picture identification (for example, your driver's | First name | | First name | | |
| | license or passport). | Middle name | _ | Middle name | | |
| | Bring your picture | Ciolkiewicz | | | | |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | | Last name and Suffix (Sr., Jr., II, III) | | |
| 2. | All other names you have used in the last 8 years | | | | | |
| | Include your married or maiden names. | | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-2568 | | | | |

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Debtor 1 Witold Ciolkiewicz Page 2 01 50 Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs. Business name(s) EINs | | |
|--|--|---|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | | | |
| 5. | Where you live | 127 N. Wolf Rd Unit 66B Wheeling, IL 60090 | If Debtor 2 lives at a different address: | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Cook | | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| Why you are choosing this district to file for | | Check one: | Check one: | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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Case number (if known) Debtor 1 Witold Ciolkiewicz

| Par | t 2: Tell the Court About | our Bank | kruptcy Ca | ase | | | | | |
|-----|---|---------------------|---|---|--|---|----------------------------------|--|--|
| 7. | The chapter of the Bankruptcy Code you are | | | | each, see <i>Notice Required b</i> | y 11 U.S.C. § 342(b) for Individuals Filing for ate box. | Bankruptcy | | |
| | choosing to file under | ☐ Chap | oter 7 | | | | | | |
| | | ☐ Chap | ter 11 | | | | | | |
| | | ☐ Chap | oter 12 | | | | | | |
| | | ■ Chap | oter 13 | | | | | | |
| 3. | How you will pay the fee | ab ord | out how yo | ou may pay. Typica attorney is submitt | lly, if you are paying the fee | eck with the clerk's office in your local court for yourself, you may pay with cash, cashier's chealf, your attorney may pay with a credit card | eck, or money | | |
| | | | | | the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay in Installments (Official Form 103A). | | | | |
| | | □ I re bu tha | equest that t is not red at applies t | at my fee be waive quired to, waive you to your family size a | d (You may request this opt r fee, and may do so only if and you are unable to pay the | your income is less than 150% of the official perfect in installments). If you choose this option | ooverty line n, you must fill | | |
| | | ou | t the Appli | cation to Have the | Chapter / Filing Fee Walved | (Official Form 103B) and file it with your peti | ion. | | |
| Э. | Have you filed for bankruptcy within the last 8 years? | ■ No. □ Yes. | | | | | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| 11. | | ■ No. | Go to | line 12. | | | | | |
| | residence? | ☐ Yes. | Has yo | our landlord obtaine | ed an eviction judgment again | nst you and do you want to stay in your reside | ence? | | |
| | | _ ,00. | | No. Go to line 12. | . 5 3 | | | | |
| | | | | | | n Judgment Against You (Form 101A) and file | e it with this | | |

Document Page 4 of 56 Case number (if known) Debtor 1 Witold Ciolkiewicz Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time ■ No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. ■ No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Where is the property?

Page 5 of 56 Document Case number (if known) Debtor 1 Witold Ciolkiewicz

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes

me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a | briefing about credit |
|--------------------------------|-----------------------|
| counseling because of: | |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

My physical disability causes me to Disability.

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Witold Ciolkiewicz Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ☐ Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10.000 5**0.001-100.000 **50-99** owe? **1**0,001-25,000 ■ More than 100,000 **1**00-199 **200-999** 19. How much do you **□** \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50.000 □ \$1.000.001 - \$10 million □ \$500.000.001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571 /s/ Witold Ciolkiewicz Witold Ciolkiewicz Signature of Debtor 2 Signature of Debtor 1 Executed on **December 6. 2015** Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Witold Ciolkiewicz Page 7 01 50

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Alicja M Signature of | I. Sroka Attorney for Debtor | Date | December 6, 2015 MM / DD / YYYY |
|------------------------------|--|---------------|------------------------------------|
| Alicja M. S | roka | | |
| Alicja M. S | roka & Associates, P.C. | | |
| 114 Higgin Park Ridge | | | |
| Contact phone | 847 729 4787 | Email address | srokalawoffices@gmail.com |
| Bar number & Sta | ate | | <u></u> |

| tion to identify your | | | |
|-----------------------|-------------------|---|---|
| don to identify your | case: | | |
| Witold Ciolkiewic | z | | |
| First Name | Middle Name | Last Name | |
| | | | |
| First Name | Middle Name | Last Name | |
| ruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| | | | ☐ Check if this is an amended filing |
| | | Witold Ciolkiewicz First Name Middle Name First Name Middle Name | Witold Ciolkiewicz First Name Middle Name Last Name First Name Middle Name Last Name |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 55,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 5,755.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 60,755.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 94,331.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 4,200.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 19,351.26 |
| | Your total liabilities | \$ | 117,882.26 |
| Par | 13: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,100.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,862.33 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 3. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other s | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

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Debtor 1 Witold Ciolkiewicz

the court with your other schedules.

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,100.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total | claim |
|--|-------|----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 4,200.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 3,410.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 7,610.00 |

| С | ase 15-4125 | 3 Doc 1 I | | 12/06/15 ument | Entered 12 Page 10 of | | 09:34: | 55 De | sc l | Main |
|---------------------------------|--|------------------------|------------|-------------------------------------|--------------------------|--------|--------------------------------|--------------------------------|--------|---|
| Fill in this info | rmation to identify | your case and th | nis filing | g: | | | | | | |
| Debtor 1 | Witold Ciolk | iewicz | | | | | | | | |
| | First Name | Middle | Name | | Last Name | | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle | Name | | Last Name | | | | | |
| | ankruptcy Court for | the: NORTHER | N DIST | RICT OF ILLIN | IOIS | | | | | |
| Case number | | | | | | | | | | Check if this is an amended filing |
| | orm 106A/E le A/B: Pr | _ | | | | | | | | 4045 |
| | separately list and de | | | | | | !! . 4 4 | h4 ! 4b | | 12/15 |
| | | | y reside | nce, building, la | | erty? | | | | |
| 127 N. W | olf Rd. Apt 66B s, if available, or other des | scription | _ | Single-family h Duplex or multi | ome -unit building | D a | mount of a | iny secured cla | aims c | r exemptions. Put the n <i>Schedule D:</i> cured by Property. |
| Wheeling City | j IL State | 60090-0000 ZIP Code | | Manufactured of Land Investment pro | | | urrent va ntire prop \$5 | | | rrent value of the tion you own? \$55,000.00 |
| | | | one. | | in the property? Che | eck (s | such as fe | | | wnership interest by the entireties, or |
| Cook | | | | Debtor 1 only | | | | | | |
| County | | | | Debtor 2 only Debtor 1 and D | lehtor 2 only | | | | | |
| , | | | | | the debtors and anot | ther [| | if this is com nstructions) | ımuni | ty property |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......

\$55,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

 $\hfill \square$ At least one of the debtors and another

property identification number:

Other information you wish to add about this item, such as local

Official Form 106A/B Schedule A/B: Property page 1

Case 15-41253 Doc 1 Filed 12/06/15 Entered 12/06/15 09:34:55 Desc Main Document Page 11 of 56 Case number (if known) Debtor 1 Witold Ciolkiewicz 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Chevy Who has an interest in the property? Check one. 3 1 Make: the amount of any secured claims on Schedule D: Astro Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 1994 Year: Debtor 2 only Current value of the Current value of the 200000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$1,000.00 \$1,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$1,000.00 .pages you have attached for Part 2. Write that number here.....= Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$1,000.00 Sofa, table, chairs, bed, kitchenware, utencils 7 Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$1.000.00 TV, computer 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe.....

☐ Yes. Describe.....

Firearms

No

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

| Debtor 1 | Case 15-4125 Witold Ciolkiewicz | | Filed 12/06/15 Document | Entered 12/06/15 09:34:55 Page 12 of 56 Case number (if known) | Desc Main |
|---|---|-------------------------|--|---|--|
| | | | | | |
| □ No | oles: Everyday clothes, | furs, leather coat | s, designer wear, shoes | s, accessories | |
| ■ Yes. | Describe | essary clothin | g apparel | | \$755.00 |
| ■ No □ Yes. 13. Non-fa Examp ■ No □ Yes. 14. Any otl ■ No □ Yes. 15. Add t | Describe rm animals bles: Dogs, cats, birds, | norses sehold items you | u did not already list, i | Iding rings, heirloom jewelry, watches, gems, ncluding any health aids you did not list any entries for pages you have attached | gold, silver \$2,755.00 |
| Part 4: Day | scribe Your Financial Ass | eats | | | |
| | | | est in any of the follow | ving? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | | | our home, in a safe dep | osit box, and on hand when you file your peti | ion |
| | | | al accounts; certificates counts with the same in | of deposit; shares in credit unions, brokerage stitution, list each. | houses, and other similar |
| | | | Institution r | name: | |
| | 17. | 1. | | necking account, business balance) | \$0.00 |
| | 17.2 | 2. | PNC, che Negative | cking account balance | \$0.00 |
| | 17.3 | 3. | BMO Har | ris, checking account | \$350.00 |
| Examp | , mutual funds, or pub ples: Bond funds, invest | | cks vith brokerage firms, mo | ney market accounts | |
| ■ No □ Yes | | Institution or is | ssuer name: | | |
| and jo □ No □ | ublicly traded stock and int venture Give specific information | | · | orporated businesses, including an intere | st in an LLC, partnership, |

| Debtor 1 | Witold Ciolkiew | icz D0 | cument Page 1 | 3 of 56 Case number (if known) | |
|---------------------------|---|--|---------------------------------|---|---|
| | | Name of entity: Tolwood Construction | | % of ownership: | |
| | | \$650.00) | th Harris Bank Balance | <u> </u> | \$1,650.00 |
| Nego Non-i ■ No | tiable instruments incl | e bonds and other negotia ude personal checks, cashin s are those you cannot trans ation about them Issuer name: | ers' checks, promissory not | es, and money orders. | |
| | ement or pension acc aples: Interests in IRA, | | B(b), thrift savings accounts, | or other pension or profit-sharin | g plans |
| ■ No | | | | | |
| ☐ Yes | . List each account se T | parately. ype of account: | Institution name: | | |
| Your <i>Exan</i> | | eposits you have made so the | | e or use from a company ater), telecommunications comp | anies, or others |
| ■ No □ Yes | | | Institution name or indiv | vidual: | |
| | | periodic payment of money | to you either for life or for a | number of years) | |
| ■ No | illes (A contract for a p | periodic payment of money | to you, entite for the or for a | Tidiliber of years) | |
| | Issuer | name and description. | | | |
| | sts in an education If 5.C. §§ 530(b)(1), 529A | | lified ABLE program, or u | nder a qualified state tuition p | rogram. |
| ■ No | | | Separately file the records o | f any interests.11 U.S.C. § 521(c | c): |
| | | interests in property (oth | er than anything listed in | line 1), and rights or powers ex | vercisable for your benefit |
| ■ No | o, oquituolo ol lutulo | minorooto in proporty (our | or and anything notou in | mio 1,, and rigino or posicio o | torologica for your policing |
| ☐ Yes | . Give specific inform | ation about them | | | |
| | | marks, trade secrets, and names, websites, proceeds | | | |
| ☐ Yes | . Give specific inform | ation about them | | | |
| Exam ■ No | | • | ative association holdings, l | iquor licenses, professional licen | ases |
| Money or | r property owed to yo | ou? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax re ■ No | efunds owed to you | | | | · |
| | . Give specific informa | ation about them, including v | whether you already filed the | e returns and the tax years | |
| ■ No | | | port, child support, mainten | ance, divorce settlement, proper | ty settlement |

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Case number (if known) Document Debtor 1 Witold Ciolkiewicz 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$2,000.00 for Part 4. Write that number here..... Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No

Doc 1

☐ Yes. Give specific information.......

Desc Main

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Case number (if known)

Document Debtor 1 Witold Ciolkiewicz

54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$55,000.00 56. Part 2: Total vehicles, line 5 \$1,000.00 57. Part 3: Total personal and household items, line 15 \$2,755.00 Part 4: Total financial assets, line 36 \$2,000.00 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$5,755.00 Copy personal property total \$5,755.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$60,755.00

Official Form 106A/B Schedule A/B: Property page 6

| | | Docume | III I AUC IO OI JO | |
|------------------------|--------------------------|-------------------|--------------------|-----------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Witold Ciolkiewic | z | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | ☐ Check if this is an |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt | Part 1: | Identify the | Property | You Claim | as Exempt |
|---|---------|--------------|----------|-----------|-----------|
|---|---------|--------------|----------|-----------|-----------|

| 1 | Which set of exemptions are | e vou claiming? Check one only. | even if your shouse is | s filing with vo |
|----|-------------------------------|-----------------------------------|--------------------------|--------------------|
| Ι. | William Set of exemplions are | a vou ciaiiiiiu e check one oniv. | . even ii voui spouse ii | s illilia willi vo |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| * | • | • | | |
|--|--------------------------------------|-----|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 127 N. Wolf Rd. Apt 66B Wheeling, IL 60090 Cook County | \$55,000.00 | | \$0.00 | 735 ILCS 5/12-901 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 1994 Chevy Astro 200000 miles Line from Schedule A/B: 3.1 | \$1,000.00 | | \$1,000.00 | 735 ILCS 5/12-1001(c) |
| Enternom confederations. City | | | 100% of fair market value, up to any applicable statutory limit | |
| Sofa, table, chairs, bed, kitchenware, utencils | \$1,000.00 | | \$1,000.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| TV, computer Line from Schedule A/B: 7.1 | \$1,000.00 | | \$1,000.00 | 735 ILCS 5/12-1001(b) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Necessary clothing apparel Line from Schedule A/B: 11.1 | \$755.00 | | \$755.00 | 735 ILCS 5/12-1001(a) |
| End nom contours / y D. | | | 100% of fair market value, up to any applicable statutory limit | |

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| | rief description of the property and line on chedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|---|---|--------------------------------------|---------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | MO Harris, checking account ne from Schedule A/B: 17.3 | \$350.00 | | \$350.00 | 735 ILCS 5/12-1001(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | olwood Construction Busienss account with Harris Bank | \$1,650.00 | | \$1,650.00 | 735 ILCS 5/12-1001(b) |
| B | alance \$650.00) ne from <i>Schedule A/B</i> : 19.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | re you claiming a homestead exemption subject to adjustment on 4/01/16 and every | | | led on or after the date of adjustme | ent.) |
| | Yes. Did you acquire the property cove | red by the exemption w | ithin 1 | ,215 days before you filed this case | e? |
| | □ No | | | | |
| | ☐ Yes | | | | |

| | | Document | Page 1 | 8 of 56 | | |
|-----------------------|-------------------------|--|-------------------|-------------------------------------|--|-------------------|
| Fill in this inform | ation to identify yo | ur case: | | | | |
| Debtor 1 | Witold Ciolkiew | uicz. | | | | |
| Debtor 1 | First Name | Middle Name | Last Name | | - | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | - | |
| United States Ban | kruptcy Court for the | : NORTHERN DISTRICT OF II | LLINOIS | | | |
| Office Otales Dan | intraptoy Court for the | . Northern Bornier of I | | | - | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | ameno | led filing |
| ~ | | | | | | |
| Official Form | 106D | | | | | |
| Schedule I | D: Creditors | s Who Have Claims | Secure | d by Propert | У | 12/15 |
| | | | | | | |
| | | If two married people are filing togeth t, number the entries, and attach it to | | | | |
| known). | | , | | ,, | g , , | |
| I. Do any creditors h | ave claims secured by | your property? | | | | |
| ☐ No. Check | this box and submit | this form to the court with your oth | er schedules. | You have nothing else | to report on this form. | |
| ■ Voc Fillin | all of the information | holow | | ŭ | · | |
| | | below. | | | | |
| Part 1: List All | Secured Claims | | | . Column A | Column B | Column C |
| | | more than one secured claim, list the cre | | for | | |
| | | particular claim, list the other creditors in der according to the creditor's name. | 1 Part 2. As muci | h Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| | · | - | | value of collateral. | claim | If any |
| 2.1 National C | ity Bank | Describe the property that secures | | \$23,355.00 | \$55,000.00 | \$23,355.00 |
| Creditor's Name | | 127 N. Wolf Rd. Apt 66B W | heeling, | | | |
| | | IL 60090 Cook County | | | | |
| | | As of the date you file, the claim is | : Check all that | | | |
| | | apply. | | | | |
| Number Street | City, State & Zip Code | ☐ Contingent | | | | |
| Number, Street, v | City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the deb | ot? Check one | ☐ Disputed Nature of lien. Check all that apply | , | | | |
| _ | one one | ☐ An agreement you made (such as | | cured | | |
| Debtor 1 only | | car loan) | s mortgage or se | culeu | | |
| Debtor 2 only | | Пол. п. / п. л. п. | | | | |
| ☐ Debtor 1 and Deb | • | ☐ Statutory lien (such as tax lien, m | echanic's lien) | | | |
| | e debtors and another | Judgment lien from a lawsuit | | | | |
| Check if this clair | | Other (including a right to offset) | | | | |
| community deb | • | | | | | |
| | Opened | | | | | |
| | 12/01/07 | | | | | |
| Data daht was insur | Last Active | Last 4 digits of account nun | mber 9672 | | | |
| Date debt was incur | rred 2/09/15 | Last 4 digits of account fluin | ibei 0012 | | | |
| 2.2 Pnc Mortg | age | Describe the property that secures | the claim: | \$70,976.00 | \$55,000.00 | \$15,976.00 |
| Creditor's Name | | 127 N. Wolf Rd. Apt 66B W | heeling. | | | |
| | | IL 60090 Cook County | 3, | | | |
| | | As of the date you file, the claim is | Charle all that | | | |
| | St Ste 200 | apply. | . Check all that | | | |
| Cleveland, | OH 44114 | ☐ Contingent | | | | |
| Number, Street, 0 | City, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the deb | ot? Check one. | Nature of lien. Check all that apply | <u>'</u> . | | | |
| Debtor 1 only | | ☐ An agreement you made (such as | s mortgage or se | cured | | |
| Debtor 2 only | | car loan) | | | | |
| ☐ Debtor 1 and Deb | otor 2 only | ☐ Statutory lien (such as tax lien, m | echanic's lien) | | | |
| _ | e debtors and another | ☐ Judgment lien from a lawsuit | , | | | |

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| Debtor 1 | Witold Cio | lkiewicz | | | Case numbe | er (if know) | |
|----------------|---------------------------------|--|---|---------------|----------------|------------------|--|
| - | First Name | Middle Name | Last Name | | | | |
| | f this claim rel unity debt | ates to a | Other (including a right to offset) | | | | |
| Date debt v | was incurred | Opened 7/01/05 Last Active 5/04/15 | Last 4 digits of account number | 1562 | | - | |
| Add the d | dollar value of | your entries in Column | A on this page. Write that number | here: | | \$94,331.00 |] |
| | he last page o t number here | | llar value totals from all pages. | | | \$94,331.00 | |
| Part 2: | ist Others to | o Be Notified for a D | ebt That You Already Listed | | | | |
| to collect for | rom you for a | debt you owe to someo bts that you listed in Pa | ne else, list the creditor in Part 1, a | ınd then list | the collection | agency here. Sin | mple, if a collection agency is trying nilarly, if you have more than one o be notified for any debts in Part 1, |
| Naı | me Address | • | | | | | |
| -NC | ONE- | | On | which lin | e in Part 1 | did you ente | r the creditor? |
| | | | Las | st 4 digits | of account | t number | |

| are complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other preventions or control leases that could result in a claim. Also list executory contracts on the 164.87 and chedule of: Executory Contracts and Unexpired Leases (Official Form 1060). Do not include any creditors with partially secured claims that are listed in Sci. Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill tout, number therise in the boxes on the left. An econtinuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name an unber (if known). 2.1 List All of Your PRIORITY Unsecured Claims. 1. Do any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page Part I. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) 1. The priority Creditor's Name 2.1 Can according to the creditor's name. If you have more than two priority unsecured claims. Ill out the Continuation Page Part I. If more than one creditor is his part. 2.1 Priority Creditor's Name 2.2. List 4 digits of account number 3. So any Creditor's Name 3. Contingent 4. A continuation Page to the creditor's name. If you have more than two priority amounts amounts are community debt in the claim subject to offset? 3. Do any creditor's have northing to report in this part. Submit this form to | | | Document | Page 20 of 5 | 6 | | | | | |
|--|--|---|---|---|-----------|----------------------------------|--------------------------|-----------------------------|----------------------------|-----------------------|
| Debtor 2 Seans it. High. First Name | Fill in this i | nformation to identify your ca | ise: | | | | | | | |
| Debtor 2 Scores II, filling First Name Modelle Name Last Name | Debtor 1 | | | | | | | | | |
| Check if this is an amended filing | Johtor 2 | First Name | Middle Name | Last Name | | | | | | |
| Check if this is an amended filing Difficial Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12 as a somplete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party assecutory contracts or inchedule AB: Property (official Form 166AP) and chedule 6; Executory Contracts and Unspired Leases (Official Form 166A), bo not include any creditors with partially secured claims that are issed in Sch continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name an unber (if known). Part 1: List All of Your PRIORITY Unsecured Claims Difficial Town of the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name an unber (if known). Part 1: List All of Your PRIORITY Unsecured claims against you? No. Go to Part 2. | |) First Name | Middle Name | Last Name | | | | | | |
| Check if this is an amended filling | United State | s Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | | | | | | |
| Check if this is an amended filling of the common of the c | Case numbe | ar | | | | | | | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12 as a complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other par yeccutory contracts or unexplied leases that could result in a claim. Also list executory contracts and Unexpired Lease (Official Form 106Q). Do not include any creditors with partially secured claims that are listed in Schedule A/B: Property (Official Form 106A/B) and chedule of. Executory Contracts and Unexpired Leases (Official Form 106Q). Do not include any creditors with partially secured claims that are listed in Schedule and Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name an other (if shores). 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. It is a did of Your PRIORITY Unsecured Claims It is a creditor has more than one priority unsecured claim. But the creditor separately for each claim. For each claim It is a formation has both priority and nonpriority amounts. Sat much possible, list the claims in sphelabetical order according to the reditor's name. If you have more than two priority unsecured claims. For each claim It is the other in an application of a continuation Page 11. If more than one creditor holds a particular claim. Ist the other creditors in Part 3. If School It is the claim is in a flame both priority and nonpriority amounts It is the other creditors in Part 3. | | | | | | | | ☐ Check | if this is: | an |
| Schedule E/F: Creditors Who Have Unsecured Claims 12 as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NoNPRIORITY claims. List the other part you rescured or contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 16648) and chedule is Executory Contracts and Unexpired Leases (Official Form 1605). Do not include any creditors with partially secured claims that are listed in Schedule A/B: Property (Official Form 16649) and chedule is Executory Contracts on Schedule A/B: Property (Official Form 16649) and chedule is Executory Contracts on Schedule A/B: Property (Official Form 1664) and chedule is Executory Contracts on Schedule A/B: Property (Official Form 1664) and chedule is Executory Contracts on Schedule A/B: Property (Official Form 1664) and chedule is Executory Contracts on Schedule A/B: Property (Official Form 1664) and chedule is Executory Contracts on Schedule A/B: Property (Official Form 1664) and chedule is Executory Contracts on Schedule A/B: Property (Official Form 1664) and chedule and ched | | | | | | | | amend | ed filing | |
| Schedule E/F: Creditors Who Have Unsecured Claims 12 as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NoNPRIORITY claims. List the other part you rescured or contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 16648) and chedule is Executory Contracts and Unexpired Leases (Official Form 1605). Do not include any creditors with partially secured claims that are listed in Schedule A/B: Property (Official Form 16649) and chedule is Executory Contracts on Schedule A/B: Property (Official Form 16649) and chedule is Executory Contracts on Schedule A/B: Property (Official Form 1664) and chedule is Executory Contracts on Schedule A/B: Property (Official Form 1664) and chedule is Executory Contracts on Schedule A/B: Property (Official Form 1664) and chedule is Executory Contracts on Schedule A/B: Property (Official Form 1664) and chedule is Executory Contracts on Schedule A/B: Property (Official Form 1664) and chedule is Executory Contracts on Schedule A/B: Property (Official Form 1664) and chedule and ched | Official F | Form 106F/F | | | | | | | | |
| as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other pay rexecutory contracts or unerpriced leases that could result in a claim. Also list executory contracts on the 164. As of the date of the creditor with other claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number therise in the boxes on the left. As continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name an unber (if known). 2011 List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. | | | Vho Have Unsecu | red Claims | | | | | | 12/15 |
| ny executory contracts or unexpired leases that could result in a claim. Also list executory contracts and therepired Leases (Official Form 1060). Do not include any creditors with partially secured claims that are listed in Sci. Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. A continuation Page to this page, if you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name an umber (if known). 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. 1. List all of Your PRIORITY Unsecured Claims against you? No. Go to Part 2. 1. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim is list that the claim is inababeted order according to the creditor's name. If you have more than two priority and nonpriority amounts, as much possible, list the claims in alphabeted order according to the creditor's name. If you have more than two priority amounts, as much possible, list the claims in alphabeted order according to the creditor's name. If you have more than two priority amounts. As much possible, list the claims in alphabeted order according to the creditor's name. If you have more than two priority amounts. As much possible, list the claims in alphabeted order according to the creditor's name. If you have more than two priority amounts. As much possible, list the claims in alphabeted order according to the creditor's name. If you have now than two priority amounts. As much possible, list the claim is not priority amount. 1. IRS 1. Last 4 digits of account number 1. Secure of the debtor of a priority list of the continuation Page and the priority list of the continuation Page and the priority list of the continuation Page and the priority list of the priority list of the priority list of the priority list of the pri | | | | | credito | rs with NONP | RIORITY | claims, List | | |
| 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. | Schedule G: E D: Creditors W he Continuati number (if kno | xecutory Contracts and Unexpired Who Have Claims Secured by Prop on Page to this page. If you have r own). | d Leases (Official Form 106G). D erty. If more space is needed, co no information to report in a Part | o not include any credit opy the Part you need, fi | tors wit | th partially se t, number the | cured clai entries in | ims that are the boxes o | listed in S on the left | Schedule t. Attach |
| □ No. Go to Part 2. □ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and onopriority amounts. As much possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Pag Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Into the continuation Pag Part 1. If more than one creditor is name. If you have more than two priority unsecured claims, fill out the Continuation Pag Part 1. If more than one creditor is name. If you have more than two priority unsecured claims, fill out the Continuation Pag Part 1. If more than one creditor is name. If you have more than two priority unsecured claims, fill out the Continuation Pag Part 1. If more than one priority unsecured claims in Part 3. If you have nothing to report in this part. Submit this form to the court with your other schedules. | | | | | | | | | | |
| 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim identify what type of claim it is. If a claim has both priority and nonpriority amounts. Is that claim here and show both priority and nonpriority amounts. As much possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) IRS Last 4 digits of account number \$ 4,200.00 \$ \$ 4,200.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | d claims against you? | | | | | | | |
| 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim identify what type of claim its. If a claim has both priority and nonpriority amounts, list that claim here and short priority and nonproirity amounts, list that claim here and short priority unsecured claims, and make the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page Part 1. If more than one creditor holds a particular claim, list the other creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page Part 1. If more than one creditor holds a particular claim, list the other creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page Part 1. If more than one creditor holds a particular claim, list the other creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page Part 3. IRS Last 4 digits of account number State Claims Name Centralized Insolvency Operation, P. O. Box 21126, Philadeliphia, PA 19114-0326 Number Street City State IZip Code Number Street City State IZip Code Number Street City State IZip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and 2 | | | | | | | | | | |
| identify what type of claim it is. If a claim has both priority and nonprioring amounts, list that claim here and show both priority and nonprioring amounts, Ist that claim here and show both priority and nonprioring amounts, Ist that claim here and show both priority and nonprioring amounts, Ist that claim here and show both priority and nonpriority amount is list that claim here and show both priority and nonpriority and non | | | s If a creditor has more than one a | priority unsecured claim I | ict the (| ereditor senara | taly for ea | ch claim Fo | r each clai | m listed |
| IRS Last 4 digits of account number \$ 4,200.00 \$ 4,200.00 \$ \$ 5, 500 Priority Creditor's Name Centralized Insolvency Operation, P. O. Box 21126, Philadelphia, PA 19114-0326 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Debtor 1 and Debtor 2 only Unliquidated | identify possib | y what type of claim it is. If a claim hat le, list the claims in alphabetical orde | as both priority and nonpriority amo er according to the creditor's name | ounts, list that claim here e. If you have more than to | and sho | ow both priority | and nonp | riority amour | nts. As mu | ich as |
| IRS Last 4 digits of account number \$ 4,200.00 \$ 4,200.00 \$ \$ Priority Creditor's Name Centralized Insolvency Operation, P. O. Box 21126, Philadelphia, PA 19114-0326 Number Street City State Zip Code Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Domestic support obligations No Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify 2014 taxes Part 2: List All of Your NONPRIORITY Unsecured Claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. | (For a | n explanation of each type of claim, s | see the instructions for this form in | the instruction booklet.) | | | | | | |
| IRS | | | | | Total | claim | • | | | rity |
| Priority Creditor's Name Centralized Insolvency Operation, P. O. Box 21126, Philadelphia, PA 19114-0326 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Unliquidated | 2.1 | | | | | | | | | |
| Centralized Insolvency Operation, P. O. Box 21126, Philadelphia, PA 19114-0326 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Domestic support obligations No Taxes and certain other debts you owe the government Check if this Claim subject to offset? Domestic support obligations Taxes and certain other debts you owe the government Check if this claim subject to offset? Domestic support obligations Taxes and certain other debts you owe the government Check if this claim subject to offset? Domestic support obligations Taxes and certain other debts you owe the government Check if this claim subject to offset? Domestic support obligations Taxes and certain other debts you owe the government Check if this claim subject to offset? Domestic support obligations Taxes and certain other debts you owe the government Check if this claim subject to offset? Domestic support obligations Taxes and certain other debts you owe the government Check if this claim subject to offset? Domestic support obligations Taxes and certain other debts you owe the government Check if this claim is for a community debt subject to offset? Domestic support obligations Taxes and certain other debts you owe the government Check if this claim is for a community debt subject to offset? Domestic support obligations | | | Last 4 digits of account n | umber | \$ | 4,200.00 | \$ | 4,200.00 | \$ | \$0.00 |
| Operation, P. O. Box 21126, Philadelphia, PA 19114-0326 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Destreet Claims or death or personal injury while you were intoxicated Cother. Specify Z014 taxes As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Type of PRIORITY unsecured claim: Type of PRIORITY unsecured claim: Claims to death or personal injury while you were intoxicated Cother. Specify Z014 taxes Part 2: List All of Your NONPRIORITY Unsecured Claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | • | When was the debt incur | red? | | | | | | |
| Philadelphia, PÁ 19114-0326 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Domestic support obligations No Claims for death or personal injury while you were intoxicated Other. Specify Z014 taxes Part 2: List All of Your NONPRIORITY Unsecured Claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. | Оре | eration, | | | | | - | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Z014 taxes List All of Your NONPRIORITY Unsecured Claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. | _ | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Debtor 1 only Debtor 2 only Debtor 2 only Disputed At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Domestic support obligations No Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify 2014 taxes I List All of Your NONPRIORITY Unsecured Claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | | As of the date you file, the | e claim is: Check all tha | t apply | , | | | | |
| Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of PRIORITY unsecured claim: community debt Is the claim subject to offset? Domestic support obligations No Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify 2014 taxes List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. | Who | incurred the debt? Check one. | Contingent | | | | | | | |
| □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Domestic support obligations ■ No ■ Taxes and certain other debts you owe the government □ Yes □ Claims for death or personal injury while you were intoxicated □ Other. Specify 2014 taxes Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? □ No. You have nothing to report in this part. Submit this form to the court with your other schedules. | ■ D | Pebtor 1 only | □ Contingent | | | | | | | |
| At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Cother. Specify 2014 taxes List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | ebtor 2 only | ☐ Unliquidated | | | | | | | |
| At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Cother. Specify 2014 taxes List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | | | | | | | | | |
| Check if this claim is for a community debt Is the claim subject to offset? Domestic support obligations No | | • | · | | | | | | | |
| Is the claim subject to offset? Domestic support obligations | _ | | | unad alaim. | | | | | | |
| No Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify 2014 taxes List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | | Type of PRIORITY unsect | ired claim: | | | | | | |
| Claims for death or personal injury while you were intoxicated Other. Specify 2014 taxes List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. | Is the | e claim subject to offset? | ☐ Domestic support obliga | ations | | | | | | |
| Other. Specify 2014 taxes Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? \[\begin{array}{cccccccccccccccccccccccccccccccccccc | ■ N | lo | ■ Taxes and certain other | r debts you owe the gover | nment | | | | | |
| 2014 taxes Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? □ No. You have nothing to report in this part. Submit this form to the court with your other schedules. | □Y | es | ☐ Claims for death or pers | sonal injury while you wer | e intoxi | cated | | | | |
| Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? □ No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | | ☐ Other. Specify | | | | | | _ | |
| 3. Do any creditors have nonpriority unsecured claims against you? □ No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | | | 2014 taxes | | | | | | |
| 3. Do any creditors have nonpriority unsecured claims against you? □ No. You have nothing to report in this part. Submit this form to the court with your other schedules. | Part 2: | ist All of Your NONPRIORITY | Unsecured Claims | | | | | | | |
| | 3. Do an | y creditors have nonpriority unsec | cured claims against you? | | | | | | | |
| | | | | vith your other schedules | | | | | | |
| Yes. | | | The second of the country | , j. m. said. sailedailed. | | | | | | |

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

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unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more

Debtor 1 Witold Ciolkiewicz

Case number (if know)

than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Total claim **American General** 5150 1,763.00 Financial/Springleaf Fi Last 4 digits of account number Nonpriority Creditor's Name Springleaf Financial/Attn: Opened 11/01/14 Last **Bankruptcy De** When was the debt incurred? Active 4/06/15 Po Box 3251 Evansville, IN 47731 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Note Loan** Other. Specify 4.2 Capital One 3,479.00 6022 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 4/01/13 Last Po Box 30285 When was the debt incurred? Active 10/01/14 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other. Specify 4.3 Capital One 1071 447.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 4/01/10 Last Attn: Bankruptcy Po Box 30285 When was the debt incurred? Active 9/10/14

As of the date you file, the claim is: Check all that apply

Salt Lake City, UT 84130

Number Street City State Zlp Code

| 4.6 | Citibank Sd, Na | Last 4 digits of account number | 5942 | \$ 1,168.00 |
|--------|--|--|---|-------------|
| | Yes | Other. Specify Credi | t Card | |
| | ■ No | not report as priority claims Debts to pension or profit-shari | ng plans, and other similar debts | |
| | debt Is the claim subject to offset? | | aration agreement or divorce that you did | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | Debtor 1 only Debtor 2 only | ☐ Unliquidated | | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | іъ. Опеск ан тат арргу | |
| | P.o. Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 3/01/08 Last Active 2/17/12 | |
| ۳.5 | Chase Card Nonpriority Creditor's Name | Last 4 digits of account number | 6460 | \$3,197.00 |
| 4.5 | Chasa Card | | 6460 | 2 407 00 |
| | ☐ Yes | | t Card | |
| | ■ No | not report as priority claims Debts to pension or profit-shari | ng plans, and other similar debts | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sep | aration agreement or divorce that you did | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Unliquidated | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 8/01/14 Last Active 9/24/14 | |
| 4.4 | Capital One | Last 4 digits of account number | 7279 | \$ 1,100.00 |
| | Yes | Other. Specify Cred | t Card | |
| | No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sep not report as priority claims | aration agreement or divorce that you did | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Who incurred the debt? Check one. | | | |
| Debtoi | Case 15-41253 Doc 1 | | ered 12/06/15 09:34:55 22 of 56 Case number (if know) | Desc Main |
| | Caco 15 /1252 Doc 1 | Eilod 12/06/15 Enta | orod 12/06/15 00:24:55 | Doce Main |

Official Form 106 E/F

Nonpriority Creditor's Name

Debtor 1 Witold Ciolkiewicz

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Case number (if know)

| Attn: Centralized Bankruptcy Po Box 20363 | When was the debt incurred? | Opened 10/01/11 Last Active 10/02/14 | |
|--|--|---|----------------|
| Kansas City, MO 64195 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | | |
| Debtor 1 only | — g | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did | |
| ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Credi | t Card | |
| Cook County Health & Hospital | Last 4 digits of account number | 2947 | \$ 574.26 |
| Nonpriority Creditor's Name 25706 Nwrqoek PI | When was the debt incurred? | | |
| Chicago, IL 60673 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | | |
| ■ Debtor 1 only | · · | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| $\hfill \square$ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| Is the claim subject to offset? | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did | |
| No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify | | |
| Discover Fin Svcs LIc | Last 4 digits of account number | 2409 | \$ 2,052.00 |
| Nonpriority Creditor's Name | | Opened 10/01/11 Lest | |
| Po Box 15316 Wilmington, DE 19850 | When was the debt incurred? | Opened 10/01/11 Last Active 5/11/15 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | | |
| ■ Debtor 1 only | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| Is the claim subject to offset? | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did | |
| No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | ■ Other Specify Credi | t Card | |

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Case number (if know)

Debtor 1 Witold Ciolkiewicz

4.9 **GECRB/Amazon** 1374 520.00 Last 4 digits of account number \$ Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/01/14 Last Active 4/15/15 Po Box 103104 When was the debt incurred? Roswell, GA 30076 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Charge Account** Other. Specify 4.10 **Grant & Weber** 1599 417.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? Opened 2/01/12 26575 W. Agoura Rd. Calabasas, CA 91302 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another \square Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Saint Joseph** ☐ Yes Other. Specify Hospital 4.11 970.00 Harris & Harris 1594 Last 4 digits of account number \$ Nonpriority Creditor's Name 222 Merchandise Mart Plaza When was the debt incurred? Suite 19 Chicago, IL 60654 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply

| Debtor | Case 15-41253 Doc 1 1 Witold Ciolkiewicz | | red 12/06/15 09:34:55 25 of 56 Case number (if know) | Desc Main | |
|--------|---|--|--|-----------|----------|
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify | | | |
| 4.12 | Mohela/dept Of Ed | Last 4 digits of account number | 0004 | \$ | 247.00 |
| | Nonpriority Creditor's Name | | Opened 6/01/08 Last | | |
| | 633 Spirit Dr Chesterfield, MO 63005 | When was the debt incurred? | Active 10/06/14 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | ■ Debtor 1 only | , | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sepanot report as priority claims | ration agreement or divorce that you did | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify | ational | | |
| 4.13 | Mohela/dept Of Ed | Last 4 digits of account number | 0001 | \$ | 406.00 |
| | Nonpriority Creditor's Name 633 Spirit Dr | When was the debt incurred? | Opened 6/01/08 Last Active 10/06/14 | | |
| | Chesterfield, MO 63005 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | _ | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | |
| | At least one of the debtors and another | _ | a Glaini. | | |
| | ☐ Check if this claim is for a community debt | Student loans | | | |
| | Is the claim subject to offset? | not report as priority claims | ration agreement or divorce that you did | | |
| | No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify | ational | | |
| 4.14 | Mohela/dept Of Ed | Last 4 digits of account number | 0002 | \$ | 1,692.00 |

Nonpriority Creditor's Name

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Debtor 1 Witold Ciolkiewicz

| | 633 Spirit Dr Chesterfield, MO 63005 | When was the debt incurred? | Opened 8/01/08 Last Active 10/06/14 | |
|------|--|--|---|--------------|
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | - | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community debt | Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | ational | |
| | | Ludot | | |
| 4.15 | Mohela/dept Of Ed | Last 4 digits of account number | 0006 | \$ 154.00 |
| | Nonpriority Creditor's Name 633 Spirit Dr Chesterfield, MO 63005 | When was the debt incurred? | Opened 11/01/09 Last Active 10/06/14 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | · · | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | | |
| | Is the claim subject to offset? | Obligations arising out of a sepanot report as priority claims | ration agreement or divorce that you did | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | ational | |
| 4.16 | Mahala/dawt Of Ed | | | 407.00 |
| 4.10 | Mohela/dept Of Ed Nonpriority Creditor's Name | Last 4 digits of account number | 0003 | \$ 187.00 |
| | 633 Spirit Dr Chesterfield, MO 63005 | When was the debt incurred? | Opened 11/01/09 Last Active 10/06/14 | |

As of the date you file, the claim is: Check all that apply

Number Street City State Zlp Code

| Debtor | Case 15-41253 Doc 1 1 Witold Ciolkiewicz | Filed 12/06/15 Document | | ered 12/06/15 09:34:55 27 of 56 Case number (if know) | Desc Main | |
|--------|--|---|-------------|---|-----------|--------|
| Dobtoi | | | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | L. L.C. | | |
| | At least one of the debtors and another | Type of NONPRIORITY u | nsecure | a ciaim: | | |
| | ☐ Check if this claim is for a community debt | Student loans | | | | |
| | Is the claim subject to offset? | Obligations arising out not report as priority claims | | aration agreement or divorce that you did | | |
| | ■ No | Debts to pension or pro | ofit-sharin | ng plans, and other similar debts | | |
| | Yes | Other. Specify | Educa | ational | | |
| 4.17 | Mohela/dept Of Ed | Last 4 digits of account r | number | 0005 | \$ | 724.00 |
| _ | Nonpriority Creditor's Name | | | Opened 8/01/08 Last | | |
| | 633 Spirit Dr Chesterfield, MO 63005 | When was the debt incur | red? | Active 10/06/14 | | |
| | Number Street City State Zlp Code | As of the date you file, th | ne claim i | is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY u | nsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | Student loans | | | | |
| | Is the claim subject to offset? | Obligations arising out | | aration agreement or divorce that you did | | |
| | No | ☐ Debts to pension or pro | ofit-sharin | ng plans, and other similar debts | | |
| | Yes | ☐ Other. Specify | | | | |
| | | | Educa | ational | | |
| 4.18 | NCC Nationwide | Last 4 digits of account r | number | 0422 | \$ | 254.00 |
| | Nonpriority Creditor's Name 815 Commerce Dr, Suite 270 Oak Brook, IL 60523 | When was the debt incur | red? | | | |
| | Number Street City State Zlp Code | As of the date you file, th | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | · · | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY u | nsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | Obligations arising out not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or pro | ofit-sharin | ng plans, and other similar debts | | |
| | Yes | Other. Specify | - | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have

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Debtor 1 Witold Ciolkiewicz

Case number (if know)

more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address NCC Nationwide 815 Commerce Dr, Suite 270 Oak Brook, IL 60523 On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.7 of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total cl | aim |
|--------------|-----|---|-----|-------------|-----------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 4,200.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$ | 4,200.00 |
| | | | | Total Claim | |
| | 6f. | Student loans | 6f. | \$ | 3,410.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 15,941.26 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$ | 19,351.26 |

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Fill in this information to identify your case: Debtor 1 Witold Ciolkiewicz Middle Name First Name Last Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| I | Person or | company with | n whom you have the c | ontract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

| | 0000 10 41200 | Docume Docume | nt Page 30 c | 12,00,10 00:04:00 L | JCSO Man |
|-----------------------------|--|-------------------------------|-------------------------|---|---|
| Fill in this | information to identify your | | | | |
| Debtor 1 | Witold Ciolkiewic | z | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | ng) First Name | Middle None | Last Name | | |
| (Spouse if, filin | ng) First Name | Middle Name | Last Name | | |
| United Sta | ites Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case num | ber | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| Officia | l Form 106H | | | | |
| | | -1-1 | | | |
| scnea | lule H: Your Cod | eptors | | | 12/15 |
| our name | ind number the entries in the and case number (if known) you have any codebtors? (if | . Answer every question. | | to this page. On the top of any as a codebtor. | Additional Pages, write |
| ■ No | | | | | |
| ☐ Yes | 5 | | | | |
| | hin the last 8 years, have you a, California, Idaho, Louisiana | | | ry? (Community property states ington, and Wisconsin.) | and territories include |
| ■ No. | Go to line 3. | | | | |
| ☐ Yes | s. Did your spouse, former spo | use, or legal equivalent live | e with you at the time? | | |
| | | | | | |
| in line Form fill out | e 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | r if your spouse is filing with y sure you have listed the credi 06G). Use Schedule D, Schedule Column 2: The creditor to | tor on Schedule D (Officia lle E/F, or Schedule G to |
| 1 | Name, Number, Street, City, State and Z | IP Code | | Check all schedules that ap | oply: |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| | | | | | |
| 3.2 | Name | | | Schedule D, line | |
| | Hamo | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| _ | Number Street | | | | |

State

City

ZIP Code

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| Fill | in this information to identify | vour case: | | | | 1 | | | |
|--------------------|---|--|--|---------------------|----------------|---------------------------------------|-------------------------|-------------------------------|-------------------|
| | | Ciolkiewicz | | | | | | | |
| | otor 2 | | | | _ | | | | |
| Uni | ted States Bankruptcy Court | for the: NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| | se number nown) | | - | | | Check if this is An amend A supplem | ed filing | ng postpetition | chapter |
| \bigcirc | fficial Form 1061 | | | | | 13 income | as of the | following date: | |
| | fficial Form 106l chedule I: Your | Incomo | | | | MM / DD/ | YYYY | | 12/15 |
| sup spo atta | plying correct information. use. If you are separated an | s possible. If two married peous figure of the second of t | ing jointly, and your ith you, do not inclu | spouse ide infor | is li mati | ving with you, inc | lude info ouse. If r | rmation abou nore space is | t your needed, |
| 1. | Fill in your employment | nent | | | | | | | |
| ١. | information. | | Debtor 1 | | | Debtor | 2 or non- | filing spouse | |
| | If you have more than one justing attach a separate page with | | ■ Employed | • • | | | | | |
| | information about additional employers. | | ☐ Not employed | □ Not € | ☐ Not employed | | | | |
| | Include part-time, seasonal, | | self employed | | | | | | |
| | self-employed work. | Employer's name | Tolwood Const | ruction | | | | | |
| | Occupation may include stu or homemaker, if it applies. | dent Employer's address | 127 N. Wolf Rd Wheeling, IL 60 | | 3 | | | | |
| | | How long employed t | here? 7 years | 3 | | | | | |
| Par | t 2: Give Details Abou | ut Monthly Income | | | | | | | |
| | mate monthly income as of use unless you are separated | the date you file this form. If | you have nothing to | report for | any | line, write \$0 in th | e space. I | nclude your no | on-filing |
| | u or your non-filing spouse ha e space, attach a separate sh | ave more than one employer, c eet to this form. | ombine the information | on for all | emp | loyers for that pers | on on the | lines below. If | you need |
| | | | | | | For Debtor 1 | | ebtor 2 or ling spouse | |
| 2. | | , salary, and commissions (both the month), calculate what the month | | 2. | \$ | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly | overtime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. | Add line 2 + line 3. | | 4. | \$ | 0.00 | \$ | N/A | |

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| Deb | tor 1 | Witold Ciolkiewicz | - | Ca | ase number (<i>if kr</i> | nown) | | | | |
|-----|--------------------|---|-------------|-------|---|-------|----------|------------|-----------------|---|
| | | | | F | For Debtor 1 | | | Debtor 2 | | |
| | Cop | by line 4 here | 4. | 9 | 6(| 0.00 | \$ | | N/A | - |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | . 9 | 6 (| 0.00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | | 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c | . \$ | 6 | 0.00 | \$ | | N/A | = |
| | 5d. | Required repayments of retirement fund loans | 5d | l. \$ | | 0.00 | \$ | | N/A | - |
| | 5e. | Insurance | 5e | | | 0.00 | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | | 0.00 | \$ | | N/A | _ |
| | 5g. | Union dues | 5g | | | 0.00 | — | | N/A | _ |
| | 5h. | Other deductions. Specify: | _ 5h | .+ \$ | | 0.00 | | | N/A | - |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | | 0.00 | \$ | | N/A | - |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | | 0.00 | \$ | | N/A | - |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 8a | . \$ | 3,100 | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b | . \$ | | 0.00 | \$ | | N/A | - |
| | 8c. 8d. | , , | 8c 8d | ı. \$ | 6 | 0.00 | \$ \$ | | N/A N/A | - |
| | 8e. | Social Security | 8e | . \$ | 5 | 0.00 | \$ | | N/A | _ |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | _ 8f. 8g | . \$ | 6 | 0.00 | \$ \$ | | N/A N/A | _ |
| | 8h. | Other monthly income. Specify: | _ 8h | .+ \$ | 5 | 0.00 | + \$ | | N/A | _ |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 3,100 | 0.00 | \$ | | N/A | Δ |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 3,100.00 | + \$ | | N/A = | \$ | 3,100.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | · — | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ' - | | | – | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify: | depe | | • | | • | Schedule . | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | 12. | \$ | 3,100.00 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | _ | ombii nonthl | ned y income |
| | | No. | | | | | | | | |
| | - 17 | Yes, Explain: | | | | | | | | |

Official Form 106I Schedule I: Your Income

page 2

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| Fill | in this information to identify your case: | | | |
|-----------|---|---|---------------------|-------------------------------|
| Deb | otor 1 Witold Ciolkiewicz | CI | neck if this is: | |
| | | | An amended filing | |
| Deb | otor 2 | | | ing postpetition chapter |
| (Spo | ouse, if filing) | | 13 expenses as of t | the following date: |
| Unit | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | 5 | MM / DD / YYYY | |
| Cas | se number | | | |
| (If k | nown) | | | |
| O | fficial Form 106J | | | |
| S | chedule J: Your Expenses | | | 12/15 |
| Be | as complete and accurate as possible. If two married people are formation. If more space is needed, attach another sheet to this formber (if known). Answer every question. | | | |
| Par 1. | rt 1: Describe Your Household Is this a joint case? | | | |
| | ■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household? | | | |
| | □ No | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for | or Separate Household of D | Debtor 2. | |
| 2. | Do you have dependents? ■ No | | | |
| | | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| | Do not state the | | | □ No |
| | dependents names. | | | ☐ Yes |
| | | | | □ No |
| | | | | ☐ Yes |
| | | | | □ No |
| | | | | ☐ Yes |
| | _ | | | □ No |
| | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | | | |
| | yourself and your dependents? | | | |
| Est | t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless you benses as of a date after the bankruptcy is filed. If this is a supple plicable date. | | | |
| • • • | | | | |
| the | lude expenses paid for with non-cash government assistance if your value of such assistance and have included it on <i>Schedule I: You</i> ficial Form 106I.) | | Your expe | enses |
| | | | | |
| 4. | The rental or home ownership expenses for your residence. Incl payments and any rent for the ground or lot. | ude first mortgage 4. | \$ | 442.00 |
| | If not included in line 4: | | | |
| | 4a. Real estate taxes | 4a. | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | 4b. | \$ | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | 4c. | · | 0.00 |
| | 4d. Homeowner's association or condominium dues | 4d. | · - | 171.00 |
| 5. | Additional mortgage payments for your residence, such as home | e equity loans 5. | \$ | 0.00 |

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| Deb | otor 1 | Witold C | iolkiewicz | Case num | ber (if known) | |
|-----|----------|---------------|--|----------------|--------------------|---------------------------|
| 6. | Utiliti | ios: | | | | |
| 0. | 6a. | | , heat, natural gas | 6a. | \$ | 175.00 |
| | 6b. | • | wer, garbage collection | 6b. | | 0.00 |
| | 6c. | | e, cell phone, Internet, satellite, and cable services | 6c. | | 107.00 |
| | 6d. | Other. Spe | | 6d. | · | 0.00 |
| 7. | | | ekeeping supplies | 7. | · | 625.00 |
| 8. | | | children's education costs | 8. | \$ | 0.00 |
| 9. | | | ry, and dry cleaning | 9. | \$ | 30.00 |
| | | - | products and services | 10. | · | 55.00 |
| | | - | ntal expenses | 11. | · - | 50.00 |
| | | | Include gas, maintenance, bus or train fare. | | Ψ | 30.00 |
| 12. | | | ar payments. | 12. | \$ | 363.00 |
| 13. | | | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 |
| 14. | | | ributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insur | | · · | | | |
| | Do no | ot include in | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. | Life insura | ance | 15a. | \$ | 0.00 |
| | 15b. | Health ins | urance | 15b. | \$ | 213.00 |
| | 15c. | Vehicle in | surance | 15c. | \$ | 53.33 |
| | 15d. | Other insu | rance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxe | s. Do not in | iclude taxes deducted from your pay or included in lines 4 or 20. | | | |
| | Spec | ify: | • • • | 16. | \$ | 0.00 |
| 17. | | | ease payments: | | | |
| | | | ents for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. | Car payme | ents for Vehicle 2 | 17b. | \$ | 0.00 |
| | | Other. Spe | | 17c. | \$ | 0.00 |
| | 17d. | Other. Spe | ecify: | 17d. | \$ | 0.00 |
| 18. | | | of alimony, maintenance, and support that you did not report a | | • | 0.00 |
| | | | your pay on line 5, Schedule I, Your Income (Official Form 106) |) . 18. | | |
| 19. | | | s you make to support others who do not live with you. | | \$ | 0.00 |
| | Spec | | | 19. | | |
| 20. | | | erty expenses not included in lines 4 or 5 of this form or on Sc | | | 0.00 |
| | | | s on other property | 20a. | | 0.00 |
| | | Real estat | | 20b. | · | 0.00 |
| | | | homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | | | nce, repair, and upkeep expenses | 20d. | · | 0.00 |
| | | | er's association or condominium dues | 20e. | | 0.00 |
| 21. | Othe | r: Specify: | Income Taxes | 21. | +\$ | 478.00 |
| 22. | Calcı | ulate vour i | monthly expenses | | | |
| | | • | through 21. | | \$ | 2,862.33 |
| | | | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 2 | \$ | |
| | | . , | a and 22b. The result is your monthly expenses. | _ | \$ | 2,862.33 |
| | 220. / | Auu IIIIe 22 | a and 22b. The result is your monthly expenses. | | Ψ | 2,862.33 |
| 23. | Calc | ulate your | monthly net income. | | | |
| | 23a. | Copy line | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,100.00 |
| | 23b. | Copy your | monthly expenses from line 22c above. | 23b. | -\$ | 2,862.33 |
| | | | | | | · |
| | 23c. | | our monthly expenses from your monthly income. | 00 | _ | 227.67 |
| | | The result | is your monthly net income. | 23c. | \$ | 237.67 |
| 0.4 | D | | and the annual and all annual and the second and th | | - 4 | |
| 24. | | | an increase or decrease in your expenses within the year after ou expect to finish paying for your car loan within the year or do you expect you | | | or decrease because of a |
| | | | terms of your mortgage? | ii mongage pa | ayment to increase | OI GEOLEGISE DECOUSE OI d |
| | ■ No | | | | | |
| | | | Explain here: | | | |
| | 1 1 7 4 | LC | Explain note. | | | |

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| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|-------------------|-------------|--------------------------------------|
| Debtor 1 | Witold Ciolkiewic | z | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | Sign Below | | |
|----|--|-------|---|
| Di | d you pay or agree to pay someone who is NOT an attorney to | help | you fill out bankruptcy forms? |
| | No | | |
| | Yes. Name of person | | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | der penalty of perjury, I declare that I have read the summary at they are true and correct. | and s | schedules filed with this declaration and |
| Х | /s/ Witold Ciolkiewicz | X | |
| | Witold Ciolkiewicz Signature of Debtor 1 | | Signature of Debtor 2 |
| | Date December 6, 2015 | | Date |

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| -HI | l in this inform | nation to identify you | Ir c250: | | | | | | | | |
|-------------------|-------------------------------------|---|--|--|--|---|--|--|--|--|--|
| | | | | | | | | | | | |
| De | btor 1 | Witold Ciolkiew First Name | Middle Name | Last Name | | | | | | | |
| | btor 2 | First Name | Middle Nome | Loot Nama | | | | | | | |
| ` ' | ouse if, filing) | | Middle Name | Last Name | | | | | | | |
| Un | ited States Ba | nkruptcy Court for the | : NORTHERN DISTRICT | OF ILLINOIS | | | | | | | |
| | se number | | | | | Check if this is an amended filing | | | | | |
| St | | of Financial | | duals Filing for B | | 12/1 | | | | | |
| info nur | ormation. If manual moder (if known | nore space is needed n). Answer every que | l, attach a separate sheet testion. | e are filing together, both ar o this form. On the top of a | | | | | | | |
| 1-a 1. | • | r current marital stat | arital Status and Where Yours? | ou Livea Before | | | | | | | |
| | ☐ Married | | | | | | | | | | |
| | ■ Not mar | ried | | | | | | | | | |
| 2. | During the la | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | | |
| | □ No | | | | | | | | | | |
| | | t all of the places you | lived in the last 3 years. Do | not include where you live no | w. | | | | | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor lived there | 1 Debtor 2 Prior Ad | ddress: | Dates Debtor 2 lived there | | | | | |
| | 127 N. Wo Wheeling, | If Rd Apt 66B IL 60090 | From-To: 2005-Presen | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 From-To: | | | | | |
| 3. stat | es and territori | ies include Arizona, C | | egal equivalent in a commu levada, New Mexico, Puerto F Official Form 106H). | | | | | | | |
| Pa | rt 2 Explai | n the Sources of Yo | ur Income | | | | | | | | |
| 4. | Fill in the total | al amount of income y | ou received from all jobs and | ing a business during this y d all businesses, including par ive together, list it only once u | t-time activities. | alendar years? | | | | | |
| | □ No | | | | | | | | | | |
| | Yes. Fill | I in the details. | | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | | |

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| | | | | | Debtor 1 | | | | | Debtor 2 | | |
|-----|--|---------------|---|---|---|--|---|--|---------|---|-------------------|---|
| | | | | | | of income that apply. | (bet | oss income fore deductions ar lusions) | nd | Sources of ince Check all that a | | Gross income (before deductions and exclusions) |
| | | | ☐ Wages, commissions, bonuses, tips \$24,800. | | \$24,800.0 | 00 | ☐ Wages, com bonuses, tips | missions, | | | | |
| | | | | | ■ Opera | ting a business | | | | ☐ Operating a | ousiness | |
| | | | dar year: December | 31, 2014) | ☐ Wage bonuses, | s, commissions, tips | | \$24,146.0 | 00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | | ■ Opera | ting a business | | | | ☐ Operating a | ousiness | |
| | | | dar year be December | | ☐ Wage bonuses, | s, commissions, tips | | \$10,626.0 | 00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | | ■ Opera | ting a business | | | | ☐ Operating a | ousiness | |
| | gam | each s | and lottery w | vinnings. If yo | u are filing | ents; pensions; re a joint case and y ach source separa | ou hav | e income that you | ı recei | ved together, list | it only once | uits; royalties; and under Debtor 1. |
| | | | | | Debtor 1 | | | | | Debtor 2 | | |
| | | | | | Sources Describe | of income below | (bet | oss income fore deductions ar lusions) | nd | Sources of inconstruction Describe below. | | Gross income (before deductions and exclusions) |
| Par | t 3: | List | Certain Pa | yments You | Made Befo | ore You Filed for | Bankr | uptcy | | | | |
| 6. | Are □ | either No. | Neither Deindividual puring the | ebtor 1 nor E primarily for a 90 days befo Go to line 7 List below e paid that cre | personal, the personal of the | family, or househod for bankruptcy, do for to whom you pa not include payme | umer of bld purplid you lid a totents for | lebts. Consumer of oose." pay any creditor a al of \$6,225* or m domestic support | total | of \$6,225* or mo | re? vments and | o1(8) as "incurred by an the total amount you and alimony. Also, do |
| | not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. | | | | | | | | | t. | | |
| | Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? | | | | | | | | | | | |
| | | | ■ No. | Go to line 7 | | | | | | | | |
| | | | ☐ Yes | include pay | ments for c | or to whom you pa domestic support on kruptcy case. | | | | | | at creditor. Do not include payments to |
| | Cre | editor' | s Name and | d Address | | Dates of payme | ent | Total amoun | | Amount you still owe | Was this p | payment for |
| | | | | | | | | | | | | |

Case 15-41253 Doc 1 Filed 12/06/15 Entered 12/06/15 09:34:55 Desc Main Document Page 38 of 56 Debtor 1 Witold Ciolkiewicz Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment paid still owe 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address **Dates of payment** Total amount Amount you Reason for this payment still owe paid Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Springleaf Financial **Circuit Court of Cook** Pending 15 M2 004458 County ☐ On appeal 50 W. Washington □ Concluded Chicago, IL 60602 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property

Explain what happened

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Creditor Name and Address Describe the action the creditor took Date action was **Amount**

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

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| Pa | rt 5: List Certain Gifts and Contributions | . | | | _ | | | | |
|-----|---|----------|---|-----------------------------------|------------------------|--|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift. | | | | | | | | |
| | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: |) | Describe the gifts | Dates you gave the gifts | Value | | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any change of the No Yes. Fill in the details for each gift or contribution. | | | | | | | | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Describe what you contributed | Dates you contributed | Value | | | | |
| Pa | rt 6: List Certain Losses | | | | | | | | |
| 15. | Within 1 year before you filed for bankrup disaster, or gambling? ■ No □ Yes. Fill in the details. | otcy or | since you filed for bankruptcy, did you lose an | nything because of the | ft, fire, other | | | | |
| | how the loss occurred | nclude | ibe any insurance coverage for the loss ethe amount that insurance has paid. List g insurance claims on line 33 of Schedule A/B: rty. | Date of your loss | Value of property lost | | | | |
| Pa | rt 7: List Certain Payments or Transfers | | | | | | | | |
| 16. | consulted about seeking bankruptcy or pr | repari | id you or anyone else acting on your behalf pa ng a bankruptcy petition? rs, or credit counseling agencies for services requi | | rty to anyone you | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | ou | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | |
| | Alicja M. Sroka 114 Higgins Rd Park Ridge, IL 60068 | | | May 21, 2015 | \$500.00 | | | | |
| | Alicja M. Sroka 114 Hlggins Rd Park Ridge, IL 60068 | | | June 10, 2015 | \$800.00 | | | | |
| | Alicja M. Sroka 114 Higgins Park Ridge, IL 60068 | | | June 5, 2010 | \$200.00 | | | | |

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Debtor 1 Witold Ciolkiewicz

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes, Fill in the details. | | | | | | | | |
|--|---|----------------------|---|------------------------------|---------------|---|---|--|--|
| | Person Who Was Paid Address | | Description and v transferred | alue of any prop | perty | Date payment or transfer was made | Amount of payment | | |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than propert transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | | |
| | Person Who Received Tran Address | | Description and v property transferr | | | any property or received or debts change | Date transfer was made | | |
| 19. | Within 10 years before you t | _ 110 | | | | | | | |
| | Name of trust | | Description and v | alue of the prop | erty transfer | red | Date Transfer was made | | |
| Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brohouses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, St Code) | | st 4 digits of count number | Type of accourant instrument | cle | ate account was osed, sold, oved, or ansferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you cash, or other valuables? No Yes. Fill in the details. | u have within 1 year | before you filed for | bankruptcy, an | y safe depos | it box or other deposi | tory for securities, | | |
| | Name of Financial Institution Address (Number, Street, City, St | | Who else had acc Address (Number, St State and ZIP Code) | | Describe the | contents | Do you still have it? | | |
| 22. | Have you stored property in No Yes. Fill in the details. | a storage unit or pl | • | home within 1 | year before y | ou filed for bankruptc | у | | |
| | Name of Storage Facility Address (Number, Street, City, St | ate and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe the | contents | Do you still have it? | | |

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Debtor 1 Witold Ciolkiewicz

| Par | tt 9: Identify Property You Hold or Control for S | omeone Else | | | | | | | | | | |
|-----|--|--|--------|-----------------------------------|-----------------------|--|--|--|--|--|--|--|
| 23. | Do you hold or control any property that someon for someone. | e else owns? Include any prope | erty y | ou borrowed from, are storing for | or hold in trust | | | | | | | |
| | ■ No | ■ No | | | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | De | scribe the property | Value | | | | | | | |
| Par | rt 10: Give Details About Environmental Informat | tion | | | | | | | | | | |
| For | the purpose of Part 10, the following definitions a | pply: | | | | | | | | | | |
| | Environmental law means any federal, state, or lotoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances. | , land, soil, surface water, grou | _ | • | | | | | | | | |
| | Site means any location, facility, or property as d to own, operate, or utilize it, including disposal s | - | I law, | whether you now own, operate, o | or utilize it or used | | | | | | | |
| | Hazardous material means anything an environm hazardous material, pollutant, contaminant, or si | | ıs wa | ste, hazardous substance, toxic s | ubstance, | | | | | | | |
| Rep | ort all notices, releases, and proceedings that you | u know about, regardless of whe | en the | ey occurred. | | | | | | | | |
| 24. | Has any governmental unit notified you that you | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | | | |
| | ■ No | | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice | | | | | | | |
| 25. | Have you notified any governmental unit of any r | elease of hazardous material? | | | | | | | | | | |
| | No | | | | | | | | | | | |
| | Yes. Fill in the details. | Covernmental unit | | Environmental law if you | Data of nation | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State at ZIP Code) | nd | Environmental law, if you know it | Date of notice | | | | | | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | | | | | |
| | ■ No | | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ture of the case | Status of the case | | | | | | | |
| Par | rt 11: Give Details About Your Business or Conn | ections to Any Business | | | | | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, di | d you own a business or have a | any of | the following connections to any | business? | | | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | ☐ A partner in a partnership | | · | | | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | | | | | |
| | ☐ An owner of at least 5% of the voting or e | equity securities of a corporation | n | | | | | | | | | |

Case 15-41253 Doc 1 Filed 12/06/15 Entered 12/06/15 09:34:55 Document Page 42 of 56 Witold Ciolkiewicz Debtor 1 Case number (if known) No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed EIN: 26-2476807 **Tolwood Construction** Remodeling 127 N. Wolf Rd Apt 66B From-To 2008 to Present Wheeling, IL 60090 Alicja Pasieka 7520 W. Howard Street **Niles IL 60714** Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Witold Ciolkiewicz Signature of Debtor 2 Witold Ciolkiewicz Signature of Debtor 1 Date December 6, 2015 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney

and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

☐ The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$1,500.00 toward the flat fee, leaving a balance due of \$2,500.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: <u>December 6, 2015</u> | |
|--|---|
| Signed: | |
| /s/ Witold Ciolkiewicz | /s/ Alicja M. Sroka |
| Witold Ciolkiewicz | Alicja M. Sroka |
| | Attorney for the Debtor(s) |
| Debtor(s) | |
| Do not sign this agreement if the amount | s are blank. Local Bankruptcy Form 23c |

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In 1 | re Witold Ciolkiewicz | | | Case No. | | | |
|------|--|-----------------------------------|--|--------------------|-------------------------------------|--|--|
| | | | Debtor(s) | Chapter | 13 | | |
| | DISCLO | OSURE OF COMPEN | SATION OF ATTORN | EY FOR DE | CBTOR(S) | | |
| 1. | compensation paid to me v | within one year before the filing | b), I certify that I am the attorney of the petition in bankruptcy, or or in connection with the bankruptcy. | agreed to be paid | to me, for services rendered or to | | |
| | | | | | 4,000.00 | | |
| | Prior to the filing of t | his statement I have received | | \$ | 1,500.00 | | |
| | Balance Due | | | \$ | 2,500.00 | | |
| 2. | The source of the compens | sation paid to me was: | | | | | |
| | ■ Debtor □ | Other (specify): | | | | | |
| 3. | The source of compensation | on to be paid to me is: | | | | | |
| | ■ Debtor □ | Other (specify): | | | | | |
| 4. | ■ I have not agreed to sh | nare the above-disclosed compe | nsation with any other person un | less they are mem | pers and associates of my law firm. | | |
| | | | ion with a person or persons who es of the people sharing in the co | | | | |
| 5. | In return for the above-dis | closed fee, I have agreed to ren | der legal service for all aspects o | f the bankruptcy c | bankruptcy case, including: | | |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC | | | | | | |
| 6. | By agreement with the deb | | does not include the following se | | es, relief from stay actions or | | |
| | | | CERTIFICATION | | | | |
| this | I certify that the foregoing bankruptcy proceeding. | is a complete statement of any | agreement or arrangement for pa | yment to me for re | presentation of the debtor(s) in | | |
| | December 6, 2015 | | /s/ Alicja M. Sroka | | | | |
| - | Date | | Alicja M. Sroka Signature of Attorney | | | | |
| | | | Alicja M. Šroka & A | ssociates, P.C. | | | |
| | | | 114 Higgins Rd Park Ridge, IL 6006 | 8 | | | |
| | | | 847 729 4787 Fax: | 847 929 4279 | | | |
| | | | srokalawoffices@g Name of law firm | mail.com | | | |
| | | | | | | | |

United States Bankruptcy Court Northern District of Illinois

| | | 1 (of the District of Immors | | |
|-------|---|---|-------------------------|---------------------|
| In re | Witold Ciolkiewicz | | Case No. | |
| | | Debtor(s) | Chapter 13 | |
| | VI | ERIFICATION OF CREDITOR N | MATRIX | |
| | | Number o | f Creditors: | 22 |
| | The above-named Debtor(s (our) knowledge. |) hereby verifies that the list of credi | tors is true and correc | t to the best of my |
| Date: | December 6, 2015 | /s/ Witold Ciolkiewicz Witold Ciolkiewicz Signature of Debtor | | |

American General Financial/Springleaf Fi Springleaf Financial/Attn: Bankruptcy De Po Box 3251 Evansville, IN 47731

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card P.o. Box 15298 Wilmington, DE 19850

Citibank Sd, Na Attn: Centralized Bankruptcy Po Box 20363 Kansas City, MO 64195

Cook County Health & Hospital 25706 Nwrqoek Pl Chicago, IL 60673

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850

GECRB/Amazon Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Grant & Weber Attn: Bankruptcy 26575 W. Agoura Rd. Calabasas, CA 91302 Harris & Harris 222 Merchandise Mart Plaza Suite 19 Chicago, IL 60654

IRS
Centralized Insolvency Operation,
P. O. Box 21126,
Philadelphia, PA 19114-0326

Mohela/dept Of Ed 633 Spirit Dr Chesterfield, MO 63005

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National City Bank

NCC Nationwide 815 Commerce Dr, Suite 270 Oak Brook, IL 60523

NCC Nationwide 815 Commerce Dr, Suite 270 Oak Brook, IL 60523 Pnc Mortgage 1801 E 9th St Ste 200 Cleveland, OH 44114